

MaineCare Comprehensive Adult Dental Benefit

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Comprehensive Adult Dental Benefit

LD 996, An Act To Improve Dental Health Access for Maine Children and Adults with Low Incomes was approved by the 130th Legislation and funded by Governor Mills second supplemental budget in May 2021

- Other comprehensive preventive, diagnostic and restorative dental services to maintain good oral and overall health in accordance with rules adopted by the department.
- Convene stakeholder group.
- An evaluation of existing oral health disparities for Maine racial minority, Indigenous and tribal populations and recommendations for strategies to reduce disparities through the implementation of the adult dental benefit;
- Strategies to improve oral health education within the MaineCare program;
- Metrics to measure outcomes including measures of provider participation and utilization of services;
- Department of Health and Human Services to develop a public education campaign.



MaineCare Advisory Committee (MAC) Dental Subcommittee

Meetings are held monthly on the 2nd Monday from 12:00-1:00 and are open to the public

<u>Participating stakeholders</u>:

- Children's Oral Health Network
- Cross Cultural Services
- Maine Access Immigrant Network
- Maine Dental Association
- Maine Oral Health Centers Alliance
- Maine Equal Justice
- Maine Oral Health Coalition
- Maine Primary Care Association
- MaineCare Policy Team
- Northeast Delta Dental
- Various individual practices





Current Status of MaineCare Enrolled Dental Providers

- There are <u>181,000</u> adults that will be eligible for the new benefit as of July 1, 2022.
- There are approximately 1000 enrolled providers including dentist, hygienists, and dental groups.
- Dental practice service locations have decreased:
 - 2019 there were 264
 - 2020 there were 220
 - 2021 there were 202



Access to Care Oral Health Workforce Survey

Maine Primary Care Association and Maine Oral Health Centers Alliance (MOHCA) partnered on the survey.



Responses were received from:

5 non-profit dental practices

(one practice has 6 locations)

15 out of 17 FQHCs with dental practices

5 other safety-net providers



Survey Results

 Average time to get a new patient into their schedules for comprehensive/preventative care is 1-6 months but, longer for some.

- Dental specialists needed are pediatric dentists, endodontists, periodontists, orthodontists, and oral surgeons.
- Barriers are lack of staffing, lack of space to expand, and limited funding.



Survey Results Continued

- Training Interests:
 - Dental Assistant Training
 - Best practices for billing, chart auditing for billing/coding
 - MaineCare and insurance training for Front Desk Staff
 - Teledentistry
 - Treating patients with special needs
 - Treating patients with anxiety
 - Operating benchmarks
 - Providing services to MaineCare members
 - Dental software training
 - Best practices for managing a public health dental practice
 - Training on the No Surprises Act





Action Steps Taken

Results of the survey informed the actions below:

- Grant submissions
- Workforce initiatives
- Future training offered by MPCA
- Outreach to state departments

MaineCare-both the full MAC meeting and dental subcommittee meeting

Department of Rural Health and Primary Care

Healthcare Workforce Development





Adult Dental Benefit Composition

- Diagnostic-exams & x-rays
- Preventative-cleanings, fluoride, counseling
- Restorative-fillings & crowns
- Endodontic-root canals, pulpal therapy
- Periodontic-scaling & root planing, gingivectomy
- Removal Prosthetics-dentures
- Oral & Maxillofacial Surgery-surgical extractions, biopsies
- Orthodontics-not covered for adults
- Adjunctive General Services-palliative treatment, sedation





Limits and Prior Authorization

<u>Diagnostic</u>-standard limits consistent with commercial insurances. PAs required for less frequent types of imaging.

<u>Preventative</u>-cleanings 2 per year, fluoride varnish 2 per year, tobacco counseling 2 per year, oral hygiene instruction 3 per year.

Restorative-fillings 2 per tooth per surface per year, crowns 1 per tooth per 5 years w/ PA, protective restoration 1 per tooth per lifetime.

Endodontic-1 per permanent tooth per lifetime, re-treatment of root canal 1 per tooth per lifetime.

<u>Periodontic</u>-gingivectomy 1 per quadrant per 3 years w/ PA, scaling & root planing (1-3 teeth per quadrant and 4 or more teeth per quadrant) 1 per quadrant per 3 years w/ PA.

Prosthodontic-complete or partial denture 1 per member per 5 years w/ PA.



Prior Authorizations (PAs)

There will continue to be PA requirements for certain codes, but MaineCare has acknowledged the feedback regarding the requirement of medical documentation to be obtained from the member's medical providers to support the medical necessity of the procedure.

There are still some codes that stakeholders have stated that they feel should *not* have a PA requirement such as scaling and root planning.



Quality Measurements

Requirements:

Measures of provider participation

The use of [covered] services by adults 21 years of age and over

Oral health outcomes for adults 21 years of age and over





Dental Rate Review

MaineCare undertook a rate evaluation on multiple policies with Myers and Stauffer in early 2020. Dental rates were identified as being low in multiple areas.

The results of the dental rate review identified the following categories as being low:

Oral & Maxillofacial Surgery

Orthodontics

Restorative Services

Preventive Services

Periodontics

Prosthodontics (Removable)

Diagnostic Services

Prosthodontics (Fixed)

Endodontics





Dental Rate Increase Impact

Dental rate increases will go into effect on 7/1/2022 at the same time as the new adult dental benefit.

Practices that bill fee for service (FFS) will see an increase in their reimbursement on codes that they have been billing in addition to codes that will be opened for new adult recipients.

FQHC practices will not be impacted by the rate increases due to their PPS payment method.



LD 1787 An Act To Improve the Quality and Affordability of Primary Health Care Provided by Federally Qualified Health Centers

The MPCA amended bill LD1787 passed with a 13-0 vote and was funded on Friday April 22, 2022. It has a delayed effective date of June 1, 2023, with funding of \$434,647.



Maximizing Dental Reimbursement

Scope of Service

Change in scope of service can be made if dental is not currently included in your scope

Dental Benefits

• Change in scope if adult dental services are not currently delivered.

Correct Coding and Billing

- Ensure that the diagnosis code on the claim corresponds to the code(s) being billed.
- Verify that the documentation of the procedure supports the diagnosis and code billed to prevent audit findings.
- Obtain and review the updated dental policy to make sure you are aware of all open and/or discontinued codes.
- Obtain a PA when required prior to performing the procedure and billing for it.



Practice Management Changes to Maximize Reimbursement

Capacity Building

- Expand staffing where possible e.g. increase dental assistant to dentist ration from 1:1 to 2:1 if space allows for the provider to practice out of more than one operatory.
- Use teledentistry, it allows providers to reach patients remotely, reimburses at your PPS rate, and frees up staff to do other things.

Patient management

- Determine the number of new patients that can be seen and can fit into your schedule for treatment.
- Prioritize patients based upon their risk-low risk=less frequent cleanings or Teledental follow-ups, opening up clinic time for higher need patients.



Resources:

Section 25 Dental Policy Provider Relations Specialist Jane Brann 207-624-6925 or jane.brann@maine.gov

Section 31 FQHC Policy Provider Relations Specialist is Tia Bolduc 207-624-6938 or <u>Tia.l.Bolduc@maine.gov</u>

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LD 1787, SP 625, Text and Status, 130th Legislature, Second Regular Session (mainelegislature.org)



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